

1. PLACE OF DEATH:
 (a) County Lincoln
 (b) City or town Elberry
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Lincoln
 (c) City or town Elberry 57
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Austin Cha Tucker
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Jan 1879
 (Month) (Day) (Year)

8. AGE: Years 65 Months 10 Days 18 If less than one day hr. _____ min. _____

9. Birthplace Lincoln Co Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Public Service

11. Industry or business _____

12. Name Jamies H. Tucker
 13. Birthplace Jackson Co KY
 (City, town, or county) (State or foreign country)
 14. Maiden name Martha Sittart
 15. Birthplace Lincoln Co Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Tray Tucker
 (b) Address Elberry

17. (a) Burial (b) Date thereof 11 25-1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lawrence Cemetery

18. (a) Signature of funeral director W. G. Bradley
 (b) Address Elberry

19. (a) Dec 6 1944 (b) B. S. Williams
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23
 year 1944 hour 8 minute _____ A. M.

21. I hereby certify that I attended the deceased from Dec 23 1944
 to Nov 22 1944
 that I last saw him alive on Nov 22 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Carbuncle due to metastasis from carcinoma of the prostate gland.
 Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death) 47d

Major findings:
 Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury _____
 23. Signature G. J. Stealin (M. D. or other) _____
 Address Elberry Mo Date signed 11-23-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

57
 1
 2

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-3-45

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed W. W. Bradley

Licensed Embalmer No. 3966

P. O. Address Ed. Perry

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.